FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000070011

Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FLORIDA VALET PARKING SERVICE, INC.

Dringing Dia	on of Duniana					<u> </u>	 186 18 1	
	ce of Business	Mailing Addres						
1830 ANTIGUA		1830 ANTIGUA						
LAKE CLARKE SHORES FL 33406 LAKE CLARKE SHORES FL				33406				
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 08/07/1998		
2. Principal	Place of Business	2a. Mailing Ad	dress			4. FEI Number	<u> I</u>	Applied For
21		26				650855248		Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt.	#, etc.					5 Additional
22		27				5. Certificate of Status Desired		Required
City & Sta	ite	City & Stat	e			6. Election Campaign Financing		
23		28				Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip		Country		*****		d to rees
24	25 29			30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
	9. Name and Address of Cui			<u> </u>		10. Name and Address of New Registered	—	
•				81	Name	10. Hand with Hadiess Of Heat Hegistered	~Aeur	
KAV	/EKOS, ANA M						•	
1830 ANTIGUA RD. LAKE CLARKE SHORES FL 33406				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)		
				83				
				63		•		
				84	City		85 Zi	p Code
					-	FL	_	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flo	rida Statutes, ti	he above	e-named corp	oration submits this statement for the purpose of	changing	its registered
agent. I a	am familiar with, and accept the obli	ligations of, Section 607	.0505, Florida	Statutes.	tne corporatio	on's board of directors. I hereby accept the appoint	ntment as	registered
SIGNATURE								
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regi:	stered Agent	t signature require	d when reinstating) DATE	.	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	D		DELETE.	1.1 TITLE			Change	
NAME	KAVEKOS, ANA M			1.2 NAME				_
STREET ADDRESS	4444 4455			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKE CLARKE SHORES FL	33406		1.4 CITY-ST				
TITLE								
NAME		٠.			-ZIP			
				2.1 TITLE	-ZIP		☐ Change	e Addition
STREET ADDRESS			3	2.1 TITLE 2.2 NAME			☐ Change	e Addition
CITY-ST-ZIP			3	2.1 TITLE			☐ Change	e Addition
TITLE			:	2.1 TITLE 2.2 NAME	ADDRESS		☐ Change	e Addition
NAME	1			2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		☐ Change	•
STREET ADDRESS			DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS			
			DELETE :	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS I- ZIP			
CITY-ST-ZIP			DELETE 3	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS F-ZIP ADDRESS			
DITY-ST-ZIP			DELETE 3	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS F-ZIP ADDRESS		☐ Change	Addition
			DELETE 3	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE	ADDRESS F-ZIP ADDRESS			Addition
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6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90002 028 ***150.00



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an algebrinent with an address, with all other like empowered.